

KY Child and Adult Care Food Program Income Application

FDCH

This form must have all sections complete in order for this center to qualify for reimbursement for meals served to your participants.

*For SNAP and K-TAP benefit information, please include the entire case number and skip section 3 then sign and date section 4.

1. CHILD INFORMATION (print)

2. PROGRAM BENEFITS

Foster

Name of Child (Last, first)	Birthdate	SNAP#	K-TAP#	
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

4. **SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____

Signature of Adult Household Member

X _____ ☐ No Social Security Number X _____

Last four digits Social Security Number*

Date

Printed Name _____ Home Telephone No. _____ Work Telephone No. _____

Street/Apt.No. _____ City/State/Zip _____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Mark one or more racial identities: _____ Asian _____ White _____ Black or African American _____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander

*See Policy Memo

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

☐ SNAP/K-TAP Household

Application approved for: ☐ Tier I

☐ Foster

☐ Tier II

☐ Income Household:

Total Household Monthly Income: _____

Household Size: _____

Signature of Determining Official

Date

W/D Date

Re-enter Date

*7 CFR 226.23(e)(4)